Caring for Lesbian, Bisexual, and Queer Womxn

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Disclosures

- I, Kerin R. Berger, have no relevant financial, professional, or personal relationships to disclose.
- *Off label content identified on slides.
- *Generic and brand names will be used as appropriate.

But I Do Have a Few Disclaimers

All LBQ womxn

Objectives

At the end of this session, participants should be able to:

- Define language and terminology pertaining to sexual orientation, gender identity, and sexual practices of LBQ womxn.
- Distinguish barriers to care affecting LBQ womxn.
- Discuss mental health and substance abuse trends among LBQ womxn.
- Describe best practices in caring for LBQ womxn.

I’d Like to Acknowledge a Few Things...

- Privileges: White girl living in a white world, from middle class family, living upper middle-class life, born in the US, parents born in US, English first language, cisgender, access to higher education, housing, employment, health insurance, handi-capable, neurotypical, etc.
- Challenges: queer womxn living in a heteronormative world, gender expression ≇ gender identity, Jewish

Cultural Competency vs Cultural Humility

- CC: The ability to interact effectively with people of different cultures and socio-economic backgrounds.

- CH: The ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspect of cultural identity that are most important to the person

Hook, et al. (2013).

Who Are LBQ Womxn?

Included:

- Someone who currently identifies, sometimes identifies, or in the past has identified as a womxn/female/lady/queen
- Womxn who have emotional, romantic, sexual attractions to other womxn
- All racial, ethnic, socioeconomic, religious groups
- All education levels, physical abilities, professions

Not included:

- Cisgender/endosex male/man/dude/bro/brah

Epidemiology*

- Bisexual
  - 0.6-5.5%
- Same-sex sexual encounter with woman
  - 17.4%
- Self identified “lesbian, gay, or homosexual”
  - 1.3-1.6%

*Cisgender/endosex/AFAB

Copen, et. al (2016), NHSR (2013)

Ideas to Ponder

- What types of challenges might LBQ womxn face when seeking health care?
- How might barriers to accessing and receiving good care be reduced?
- How do conversations about sexual orientation and gender identity impact LBQ womxn's stress levels during a medical/mental health visit?
- What is your role as a PA in addressing these challenges?

Let's Start with a Case

A 40-year-old woman presents to urgent care with a low grade fever, dysuria, and swelling in the right groin for 3 days. Last sexual encounter was one week ago. No lesions or skin changes. No abdominal pain or back pain.

What is our preliminary differential diagnosis?

A Case of Dysuria

- PMH: none
- Medications: estradiol, spironolactone, multivitamin
- Surgical history: chest augmentation 2009
- Social: non-smoker, denies substance use, lives with dog, works as a teacher in local school district

A Case of Dysuria

- Medical provider asks: “When was your last period?”
- Patient responds: “Never.”
- Medical provider: “...”

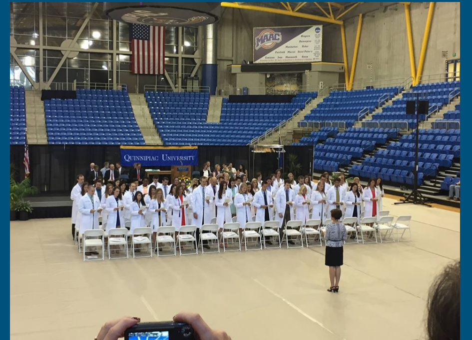
CHAOS

I do not recall learning this in PA school...

Statement of Values

- PAs hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- PAs treat equally all persons who seek their care.
- PAs share and expand knowledge within the profession.

Guidelines for Ethical Conduct for the PA Profession



Language &

Terminology

Let's Define Sex and Gender

- Sex and gender are core determinants of health
- Sex - biological differences
- Gender - social and cultural distinctions mapped onto biology
- Sexuality - attraction, orientation, behaviors
- Sexual orientation ≠ gender identity

Reisner (2017)

SEXUAL ORIENTATION

≠

GENDER IDENTITY

Pink and Blue Explosion

- 1950s: kids wore dark outfits to school and play
- 1970s average number children decreased→ less money
- Marketed idea that clothes define what it is to be a boy or a girl. Pink and blue were born!
- Girls can wear blue but boys CANNOT wear pink
- Boys > girls

Vedantam, 2018.

Let’s Step Out of the Boxes

Alphabet Soup and Labels

- Lesbian
- Bisexual
- Queer
- Transgender

The Label May Not Equal the Practice

- Sexual practice: who one is intimate with
- Do not assume parameters of sexual behaviors based on knowledge of relationship status and identity

Translation of SGM Language & Terminology

- Differ between languages
- Languages may not include terms

Gender Identity

- A person's intrinsic sense of being male (a boy or a man), female (a girl or woman), or an alternative gender

WPATH (2012)

Gender Expression

- Characteristics in personality, appearance, and behavior that in a given culture and historical period are designated as masculine or feminine

WPATH (2012)

Cisgender (adj.)

- Having or relating to a gender identity that corresponds to the culturally determined gender roles for one's birth sex (i.e., the biological sex one was born with). A **cisgender man** or **cisgender woman** is thus one whose internal gender identity matches, and presents itself in accordance with, the externally determined cultural expectations of the behavior and roles considered appropriate for one's sex as male or female.

APA (2018)

Transgender (adj.)

- Adjective to describe a diverse group of individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth.

APA (2018)

Transgender Masculine/Male/Man/FTM

- Adjective to describe individuals assigned female at birth (AFAB) who are changing or who have changed their body and/or gender role from birth-assigned female to a more masculine body or role.

WPATH (2012)

Transgender Feminine/Female/Woman/MTF

- Adjective to describe individuals assigned male at birth (AMAB) who are changing or who have changed their body and/or gender role from birth-assigned male to a more feminine body or role.

WPATH (2012)

Gender Nonconforming/Nonbinary

- Adjective to describe individuals whose gender identity, role, or expression differs from what is normative for their assigned sex in a given culture and historical period.

WPATH (2012)

Genderqueer/Genderfluid

- Identity label that may be used by individuals whose gender identity and/or role does not conform to a binary understanding of gender as limited to the categories of man or woman, male or female.

WPATH (2012)

Lesbian/Women Who Have Sex With Women (WSW)

- Womxn who experience sexual, physical, romantic, or spiritual attraction to other womxn.

WPATH (2012)

Gay/Men Who Have Sex With Men (MSM)

- Men who experience physical, romantic, sexual or spiritual attraction to other men.

WPATH (2012)

Bisexual

- Women who have sex with women and men (WSWM)
- Men who have sex with men and women (MSMW)

WPATH (2012)

Queer and Questioning

- A political statement, as well a sexual orientation, which advocates breaking binary thinking and seeing both sexual orientation and gender identity as potentially fluid.
- Simple label to explain a complex set of sexual behaviors and desires.
- Umbrella term for all LGBTQ+ and nonbinary
- Grappling with one's sexual orientation and/or gender identity

WPATH (2012)

Intersex

- "Disorders of Sexual Development" or "DSDs"
  - Politically incorrect terminology

- A reproductive or sexual anatomy that may not closely resemble typical male or female reproductive or sexual anatomy, which may be related to genitalia, secondary sex characteristics, and/or chromosomal make-up.

THiP (2020)

Endosex

- Non-intersex

Intersex Human Rights Australia (2013)

Pansexual

- An attraction to people regardless of their gender identity and/or sexual orientation.

WPATH (2012)

Asexual

- A person who does not experience sexual attractions. They may or may not experience emotional, physical, or romantic attractions.

Vanderbilt (2020)

Two-Spirit

- A term used within some Indigenous communities, encompassing sexual, gender, cultural, and/or spiritual identity. This umbrella term was created in the English language to reflect complex Indigenous understandings of gender and sexuality and the long history of sexual and gender diversity in Indigenous cultures.
- "Pan-American term"

THiP (2020), IHS (2020)

The Gender Unicorn

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
Female Male Other/Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

TSER (2020)
Design by Landyn Pan and Anna Moore.

Recent Anecdote

- 32 year old transwoman presents to clinic for annual physical exam
- Referred to as “sir” several times by front desk
- Referred by legal name as opposed to preferred name
- After correcting staff, they continue using wrong pronouns

Communication is Key

- Use identifying terms preferred by individual
- Preferred name, pronouns, labels
- EHR markers
- No assumptions

Pronouns

	Subject	Object	Pronoun	Pronunciation
Gender Binary	she	her	hers	as it looks
	he	him	his	as it looks
Gender Neutral	they	them	theirs	as it looks
	ze	zir	zirs	zhee, zhere, zheres
	ze	hir	hirs	zhee, here, heres
	xe	xem	xyrs	zhee, zhem, zheres

And if you don’t know, don’t use any pronouns. Use the person’s preferred name. You’ll never go wrong.

Barriers to Care

Barriers Affecting Health Care

- Employment
- Housing
- Education
- Conversion Therapy

T/F: PAs can get fired for being LGBTQ in TN.

HRC (2016)

Medicine Is Not Designed for SGMs

- Lesbian couple referred to infertility clinic
- “I don’t treat vaginal atrophy secondary to HT for transmen on testosterone”
- “Why would I order a GCCT rectal swab? My patient is married and heterosexual.”
- “Long time virally suppressed HIV positive patient only see ID for refill of meds”

Institute of Medicine (2011)

Minority Stress

Intersectionality

Research Agenda

Social Ecology

Life Course

IOM (2011)

Discrimination and Stigma in Medical Care

- Pathologizing individuals
- Reparative Therapies
- Lack of legal protections
- Minimal access to knowledgeable providers
- Lack of training

IOM (2011)

Common Pitfalls

Heterosexuality is assumed by the provider

Sexual behaviors and identities are not addressed

Risk is assessed by sexual orientation not behaviors

Pitfalls
DON'T DO IT

Under or over assumption of risk

Partners are not included in decision making

LGBTQI and nonbinary = no children

Alarming Statistics Resulting from Medical Care

- 50% of individuals had to teach their providers about transgender and gender non-conforming
- 63% experienced a serious act of discrimination, including denial of medical service
- 28% reported postponing healthcare due to discrimination
- 19% reported refusal of care due to their transgender and gender nonconforming status, with even higher numbers amongst people of color
- 28% were subjected to verbal harassment in medical settings; 2% reported physical abuse; 10% sexual assault

Grant , et. al (2011), HRC (2016)

How Do We Measure Impacts of Discrimination?

Minority Stress Model:

- “Prejudice and stigma directed towards LGBT people bring about unique stressors which cause adverse health outcomes”
- Individuals of disadvantage social groups are exposed to more stress than those from advantaged social groups

Meyer (2003)

Intersectionality

- HIV and STIs disproportionately affects MSM/MSMW and transwomen POCs
- High rates of murder, violence, DV transwomen and POCs
- Higher rates of discrimination for black LB based on race and SOGI
- LGBT youth POCs are more likely to be homeless

IOM (2011); Wilson, et. al (2011)

Unique Stressors of LBQ POCs

- Invisibility within LGBTQ+ settings
- Loss of family and POC community
- Decreased religious connection

Adapted from LBQWHC (2019). Sources include Giwa et. al (2012); Loiacano (1989), Greene (1996), Miller (2011)

What Are the Impacts?

LBQ folks are less likely to:

- Establish primary care provider
- Retrieve affirmative mental health services
- Be open with providers about sexual orientation
- Access emergency services

Adapted from LBQWHC (2019). Sources include Giwa et. al (2012); Loiacano (1989), Greene (1996), Miller (2011)

Preventative Care

- Lower rates of breast cancer and colorectal screening
- Increased rates of ovarian and breast cancer
- Decreased cardiovascular health
- Lower rates of STI screening
- Higher rates of larger bodied individuals

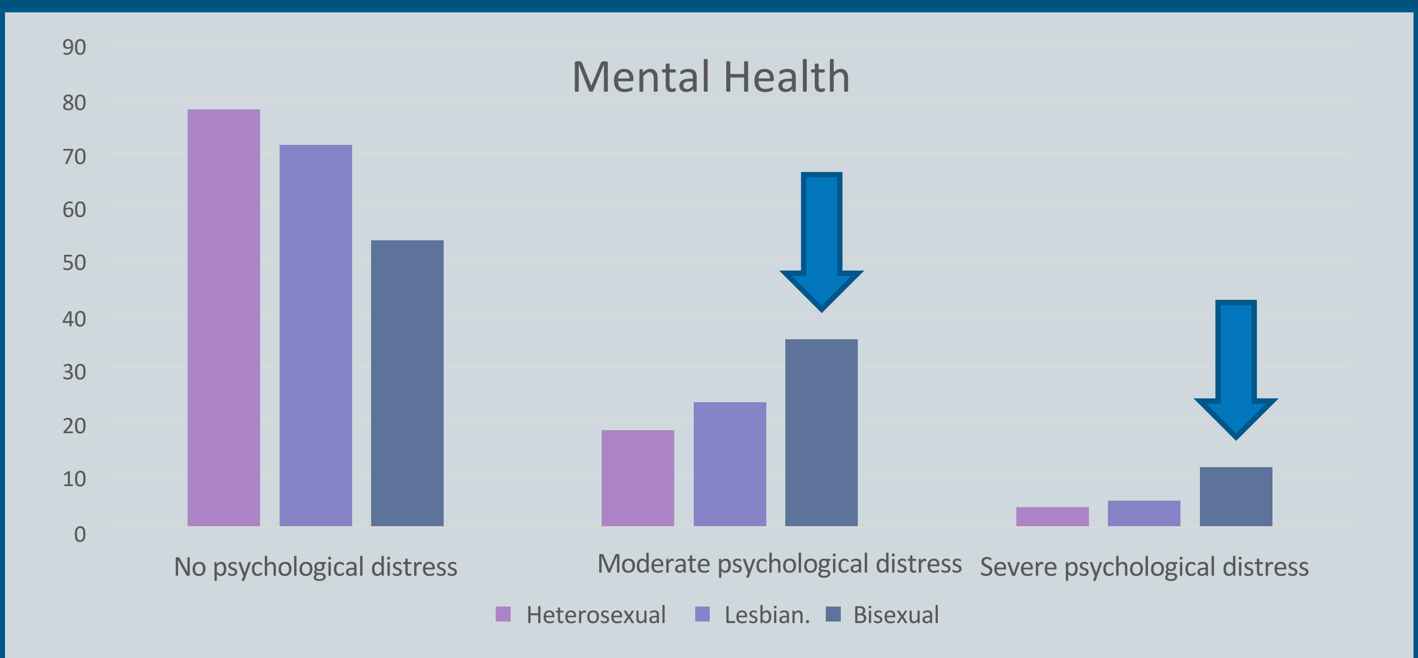
IOM (2011); Bauer, et. al (2007); Eliason, et. al (2014)

Mental Health

- LBQ womxn have unique mental health needs due to:
  - Internalized homophobia/transphobia
  - External stressors
  - Threats of violence and safety
  - Isolation
  - Lack of trained mental health professionals

IOM (2011)

Bisexual womxn have the highest levels of psychological distress*



Adapted from LBQWHC (2019). Source: Gonzalez, et. al (2016)

*Cisgender/endosex/AFAB

Domestic Violence and IPV*

- Compared to heterosexuals
    - Bisexual women 1.8 times more likely to experience IPV
    - Lesbians 1.3 times more likely to report IPV

Brown, et. al (2015)

*Cisgender/endosex/AFAB

Substance Use and Abuse*

- Compared to heterosexuals:
  - Higher rates of tobacco use
  - Higher rates of alcohol at younger ages; low in all womxn as time goes on

*Cisgender/endosex/AFAB

Brown, et. al (2015)

So Why Does This Matter?

BECAUSE HEALTH CARE PROVIDERS ARE PART OF THE PROBLEM!

Be the Change

Healthy People 2020

- Collecting SOGI data
- Improving patient-provider relationship through SOGI inquiry
- Increasing curricula within medical programs
- Implement anti-bullying in schools
- Increasing social services
- Decreasing STIs/HIV

Healthy People 2020 (2010)

TRAIN EVERYBODY

- ALL staff should be trained
  - Front Desk
  - Call center
  - Food service
  - Medical staff
  - Providers/clinicians
  - Referring providers

Create a Comfortable Environment

- Greetings at the front desk
- Intake forms can be a game changer
- Waiting rooms
- Bathrooms
- Sticker or sign indicating inclusivity training

History

- Past Medical History
- Sexual History
- Mental Health Assessment
- Social History
- Surgical History Family History

The bottom line: NO ASSUMPTIONS

The Medical Care of Transgender People. Fenway Health. June 2015.

Recent Anecdote

- 34-year-old queer womxn came into clinic that was sexually assaulted the night before. She woke up somewhere she did not recognize. Went to the police who told her it probably didn't happen and she can get in trouble for false reporting. Went to the ED and was treated prophylactically for GCCT and trichomonas. She was also administered Plan B. No sexual assault kit or crisis counseling performed.
- She then showed up at our clinic for PEP.

Post-Exposure Prophylaxis (PEP)

- Administered after high risk exposure to HIV
- Tenofovir disoproxil fumarate and emtricitabine (TDF/FTC) plus dolutegravir daily or raltegravir twice daily for 28 days
- Administer first dose ASAP (72 hours)
- Laboratory tests
  - HIV negative→ buy Ab tests for the office!!!
  - Hepatitis B surface antigen, renal function, HIV viral load
  - +/- urine HCG
- Follow up
  - Repeat testing at 4-6 weeks for HIV and 3 months
  - Consider PrEP, if applicable

Exposure to HIV is considered a medical emergency

And Let’s Not Forget PrEP

Recommendation Summary

Population	**Recommendation**	**Grade (/uspstf/grade-definitions)**
Persons at high risk of HIV acquisition	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.	**A**

USPTF (2019)

TDF/FTC (Truvada)

- Tenofovir disoproxil fumarate and emtricitabine
- Assess HIV risk
- Laboratory testing
    - Negative HIV testing
    - CrCl >60 mL/min
    - Negative hepatitis B screening
    - +/- urine HCG
    - STI testing
- Most common AEs: diarrhea, HA
- Long term: renal impairment, BMD
- Follow up every 3 months

CDC (2014)

TAF/FTC (Descovy)

- Tenofovir alfenamide fumarate and emtricitabine
- Assess HIV risk
- ***Not indicated for vaginal receptive sex
- Laboratory testing
  - Negative HIV testing (Ab and Antigen)
  - CrCl >30 mL/min
  - Negative hepatitis B screening
  - STI testing
- Most common AEs: diarrhea, HA
- Long term: renal impairment, BMD, increased lipids
- Follow up every 3 months

***Off label

CDC (2019)

Ongoing Concern

- 45-year-old cisgender womxn (she/her) presents to your urgent care for STI screening. She is asymptomatic but found out one of her sexual partners tested positive for gonorrhea. She demands a throat swab, genital testing, and rectal swab.

- What do you do?

Three Point Testing

Genital

Rectal

Throat

STI Testing

Sexual Health

- STI, Hepatitis, and HIV screening
- Prevention: dental dams, “female condoms,” condoms, PrEP, PEP, U=U
- Education: toy cleaning, recommended lubrications, kink, douching, BDSM
- Vaccinations

LB Families*

- ~70% same sex couples (WSW) have biological child
- ~20% adopted
- One third gave birth
- ~60% bisexual womxn are parents
- ~30% of lesbians are parents
- LGBT foster and adopt more than non-LGBT people

Goldberg et.al. (2018)

Transgender and Gender Nonconforming Families

- Trans women
  - ~30-70%
- Trans men
  - 0-47%
- Gender non-conforming
  - 20-74%
- **Studies vary; more research is needed

Williams Institute (2013, 2016)

LBQ Families

- Medical
- Foster
- Adopt

Preventative Care LBQ*

- Cardiovascular screening
- STI screening
- Cancer screening
- Substance use and abuse
- Mental health
- Domestic violence and IPV

*Cisgender/endosex/AFAB

Preventative Care Trans/GNC

- Cancer screening “organ inventory”
- Bone mineral density
- Cardiovascular risk
- Mental health
- Substance use and abuse
- Housing, employment, safety
- Reproductive care

Preventative Care Trans/GNC

Specific issues in screening for transwomen and transmen with past or current hormone use

	Transwomen (MTF)	Transmen (FTM)
Breast cancer	Discuss screening in patients >50 years with additional risk factors for breast cancer*	Intact breasts: Routine screening as for natal females Postmastectomy: Yearly chest wall and axillary exams¶
Cervical cancer	Vaginoplasty: No screening	Cervix intact: Routine screening as for natal females No cervix: No screening
Prostate cancer	Routine screening as for natal males	N/A
Cardiovascular disease	Screen for risk factors	Screen for risk factors
Diabetes mellitus	On estrogen: Increased risk	Routine screening∆
Hyperlipidemia	On estrogen: Annual lipid screening	On testosterone: Annual lipid screening
Osteoporosis	Testes intact: Routine screening as for natal males Postorchiectomy: Screen all patients >65 years Screen patients age 50 to 65 years if off hormones for >5 years	Screen all patients >65 years Screen patients age 50 to 65 if off hormones for >5 years

* Estrogen/progestin therapy for >5 years, family history, body mass index (BMI) >35.

¶ While there is no evidence to support clinical breast examinations in this population, we perform yearly chest wall and axillary exams and use this as an opportunity to examine scar tissue, examine any changes, and educate the patient about the small but possible risk of breast cancer.

∆ Transmen with polycystic ovary syndrome (PCOS) should be screened for diabetes as for natal females with PCOS. Refer to the UpToDate material on further evaluation after diagnosis of PCOS in adults.

UpToDate®

Feldman, Deutsch (2019)

Medical and Mental Health Concerns for Trans/GNC

- High mortality rates
- Disproportionate HIV diagnoses
- Depression and suicide
- Trauma and abuse
- Homelessness, unemployment

Asscheman, et. Al (2011); Grant, et. Al (2011)

Affirming Related Care

- Social
- Medical*
- Surgical
- Legal

Affirming care is per the individual

*HT off-label

Pearls

- Understand that you may not get all of the answers in your first visit
- But understand the space you create on the first visit has a direct impact on the health, safety, and well-being of an individual and population as a whole
- So, work hard to create a safe environment. Work really, really hard.

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Thank You

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